

Hannah-Salem-Friendfield Fire District

630 West Highway 378

Pamplico, S.C. 29583 Phone: (843) 493-2260 FAX: (843) 493-5362

Application For Membership

Name: _____ Date of Birth: _____

Address: _____

Telephone #: _____ Social Security #: _____

Driver's License : _____ Class: _____

Education

Highest Year Completed in: High School: _____ College or Technical School: _____

Name of High School & College/Technical School: _____

Present Employment

Name of Business: _____ Position Held: _____

Business Address: _____

Business Telephone #: _____ Normal Working Hours: _____

Vital Statistics

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Blood Type: _____ Are you under a physician's care? _____ Reason: _____

Vision: _____ Hearing: _____ Speech: _____

Physical Fitness: _____ Allergies: _____

List any medical or physical restrictions: _____

Name of Physician: _____

Physician's Address: _____

In case of emergency, notify: _____

Telephone #: _____ Relationship: _____

Marital Status

Name of Spouse: _____ Number of Children: _____

Spouse Employed By: _____ Telephone #: _____

Names of Children: _____

If necessary, do you have adequate child care available for your children? _____

Extra Curricular

Do you have Basic First Aid Training? _____ If "Yes", date received: _____

Do you have CPR Training? _____ If "Yes", date received: _____

List any other skills or certifications which may be useful in the Fire Service: _____

List Three Personal References (Not Family Members):

Name: _____ Telephone #: _____

Address: _____

Name: _____ Telephone #: _____

Address: _____

Name: _____ Telephone #: _____

Address: _____

To the best of my knowledge, all statements made herein are true.

Signature of Applicant: _____

If under 18, Parent's signature required: _____

Date Submitted: _____

Do Not Write Below This Line

Officer Receiving Application: _____

Date Received: _____ Reference Check: Yes _____ No _____

Comments: _____
